Democratic Republic of the Congo (DRC)  
HUMANITARIAN CRISIS ANALYSIS 2016

Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. This allocation takes place in the beginning of the year as to ensure predictability for humanitarian organisations and to allow for best possible operational planning. In an effort to truly adhere to the humanitarian principles Sida bases its allocation decisions on a number of objective indicators of which the most important are related to the number of affected people, vulnerability of affected people and level of funding in previous years. One of the indicators is also related to forgotten crises in order to ensure sufficient funding also to low profile crises. Besides this initial allocation, another part of the humanitarian budget is set aside as an emergency reserve for sudden onset emergencies and deteriorating humanitarian situations. This reserve allows Sida to quickly allocate funding to any humanitarian situation throughout the year, including additional funding to South DRC.

For 2016, the DRC crisis is allocated an initial 140 MSEK in January 2016. Close monitoring of DRC will follow throughout the year for potential additional funds.

1. CRISIS OVERVIEW
The crisis in DRC is complex and protracted, so far without exit prospect. It combines the features of armed conflicts and violence, including high incidence of human rights violations and population movements, (as well across DRC’s borders), with the impacts of sudden onset natural disasters and with vulnerabilities resulting from DRC’s structural problems, such as food insecurity, acute malnutrition and outbreaks of epidemics. The consequences on affected populations are restriction and deprivation of access to basic goods and services, threats to protection and excess mortality and morbidity. Repeated shocks have eroded populations’ limited coping mechanisms, as the cycle of crisis has been ongoing unstopped during two decades. The situation requires hence combined stabilization, resilience and emergency response interventions to prevent, to mitigate and to address impacts on 8.2 million persons.

1.1 Geographical areas and affected population
Affected areas in DRC are mainly Eastern provinces, from the North to the South of the country, regarding armed conflicts and violence. The Northern provinces are affected by the CAR refugee influx in particular, and South Kivu by the Burundian refugee influx. The Eastern and Central provinces are affected by epidemics (measles, cholera, viral haemorrhagic fever, malaria), malnutrition and food insecurity. Access to health is problematic. DRC has one of the worst records regarding gender equality (147th among 152 assessed countries, UNDP) and maternal mortality (849 out of 100,000 live births, UNFPA). Natural disasters of small scale may strike anywhere, in particular bush fires and floods. The Central and Western provinces, including even the megacity of Kinshasa, may present vulnerability indicators far beyond humanitarian emergency thresholds, but caused by structural challenges and poverty, not by violence or natural events. Depending on the degree of severity and humanitarian capacities and presence in place, such needs are integrated or not into the annual inter-agency Humanitarian Response Plan (HRP), while advocacy for Government’s inputs, more efficient development processes and funding is prioritized. The motto is that the HRP cannot cover all DRC’s needs and vulnerabilities, but should prioritize the most acute ones, given limited resources available and the prime responsibility of the State to address them by itself. The Humanitarian Needs Overview (HNO) estimates that a total of 8.2 million people are affected by humanitarian crises in DRC, about 10% of the country’s total estimated population. Among them, 7.5 million persons are in need of protection and humanitarian assistance. The HRP 2016 for DRC targets 6 million of them, a 13% increase compared to 2015 figures (5.2 million). The HRP will require 690 million USD for implementing the humanitarian response, slightly less than last year, based on smarter programming and hard choices.

1.2 Risks and threats
Situations of armed conflicts and violence – The international conflicts in DRC, which caused the death of millions of people, from violence, diseases and starvation, ended in 2003. Violence did not stop then however. The absence of the State for ensuring the rule of law and order, bad governance, negative external influences and disputes over natural resources, the control of trade routes, markets and land issues, have fueled violence ever since. There are approximately 70 residual and splinter armed groups in eastern DRC (source: Congo Siasa), of various profiles and capacities. Some of them became just criminal gangs sharing a couple of weapons. Among these groups, several of them are foreign and have - or once had - a political agenda in their country of origin (FNL from Burundi, FDLR and ex-M23 from Rwanda, ADF and LRA from Uganda). Other groups are community-based self-defense groups, like the various Maï-Maï entities and Raïa Mutomboki. There are armed groups as well with

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francois.landiech@gov.se
strong ethnic-based profile, challenging each other for ensuring their socioeconomic territory and survival: Pygmies vs Lubas, Hemas vs Lendus, Banyamulenge vs Barundis, Nandé vs Hutus, Bakata-Katanga, Mbororos, etc. Neighboring countries, Congolese politicians and local or international economic operators may sponsor these groups for spoiling a situation or in order to secure profits. The newly installed administrative division of DRC, from 11 to 26 provinces, is already triggering new or renewed conflicts among communities and their leaderships competing for land, resources and elective positions, as it is happening now in Kasai Central province. Repeated and severe violations of basic rights and of humanitarian international law are characteristic of violence trends in DRC, making protection of civilians the top priority among all needs. Secured and safe access of beneficiaries to humanitarian assistance and from humanitarian actors to beneficiaries is a challenge. More than a risk or a threat, sexual and gender-based violence (SGBV), directly linked to conflict contexts and armed actors, remains a factual reality for women and girls in eastern DRC, but domestic violence as well, as in the rest of the country. There are currently around 3 500 boys and girls with armed groups, 10% are girls, one third are below 15 year old, according to Unicef. In total, 5.3 million persons are in need of protection and 4.6 million persons are directly affected by conflicts (OCHA).

**Forced internal displacements** – One of the main and most disrupting consequences of armed conflicts is forced displacements. They occur repeatedly, either preventively or in dramatic circumstances, and when a territory becomes unsafe for a household to live in and unfit for sustaining a livelihood. Therefore populations are on the move either in very dynamic or very protracted situations. OCHA reports 3,000 new IDPs a day. Only 20% of IDPs are in camp sites, often spontaneous and unassisted. Most IDPs live by host families sharing their scarce resources with them, estimated 1.3 million persons. But unreliable data collection and consolidated information management systems, as well the systemic mandate-gap for assisting and protecting internally displaced persons (IDPs) in DRC, are resulting to “guessimates” regarding number, location and status of these “ghost populations” and to an incomplete or mediocre or inexistent response to acute needs. By attempting to verify figures, OCHA brought down the total caseload of IDPs in September 2015 from supposed 2.8 million persons down to 1.4 million persons, now growing again to 1.6 in the HNO and UNHCR’s records as OCHA is proceeding ahead with its verifications. One million persons became displaced in 2015 reportedly, 50% of them in North Kivu (Beni, Rutshuru, Masisi, Walikale).

**Refugee situations** – Five of the 9 neighbors of DRC are presently going through political and security crises or tensions, often caused by regimes opposing democratic change and infringing constitutions. Around 105,000 CAR refugees have sought asylum in Northern DRC, from South Ubangi to Haut-Uélé provinces, (some of the most difficult provinces regarding logistics due to dilapidated mud-roads, especially during the rainy season from October to March). UNHCR has several camp sites managed with the National Commission for Refugees (CNR): Boyabo, Molé, Inké, Bili and Mboti with quite decent infrastructures. But most refugees, especially those of Muslim confession, are dwelling outside camp sites among host communities. In fact, refugees are going back and forth through the porous border along the Ubangi river. Displacements started when the Seleka rebel movement (Muslim and Northern-based) removed President F. Bozizé from power in Bangui two years ago and triggered retaliation for the Christian Anti-Balaka self-defense militia. Renewed violence in January 2015 has caused new influx. UNHCR’s and WFP’s regional programmes to address this emergency are particularly under-funded. Protection is the priority issue. Recent fair presidential election in CAR makes return of refugees a possible prospect in 2016.

There are around 22,000 Burundian refugees established either in Lusenda camp (15,000 persons) or by the host community in South Kivu, mainly in the unsafe Ruzizi plain and in Uvira, close to the border. A new influx of around 18,000 refugees occurred in the context of the electoral crisis in Burundi starting in April 2015. The countries which received most refugees are Tanzania and Rwanda with 90,000 and 72,000 refugees respectively. The potential that a major crisis develops in Burundi in the coming weeks/months is a threat to this part of DRC. The UNHCR-led regional contingency plan foresees 2 million persons in movement and affected, including 200,000 in DRC. Nobody knows exactly how many Rwandan refugees are in DRC since they came in 1994. The 1994 register indicated 49,000 persons left in DRC in 2014. A new preregistration made by authorities has indicated that the residual caseload of refugees had in fact grown to 253,000 persons, including 65% of them born after the Rwandan genocide and in ex-Zaïre/DRC. UNHCR communicated a temporary working figure of 116,000 persons which is the basis for the tripartite negotiations between UNHCR, DRC and Rwanda. Repatriation continues slowly. The presence of Kinyarwanda-speakers in Eastern DRC, some of them coming to Congo during or even before the Belgian colonial rule, is one of the main causes of ongoing conflicts around land and natural resources, which the post-genocide 1994 refugee influx and subsequent wars in DRC, including the ongoing fight against the FDLR, have severely exacerbated. The refugee issue is therefore very sensible. Protection is the priority.

South-Sudanese refugees, over 5 250, coming from Ezo, are newly reported in the Uélé provinces.

**Forced expulsions** – Congolese illegal migrants are regularly expelled in large waves by Angola, from the diamond mining areas, and by the Republic of Congo. Angola has expelled 155,000 persons. It is often performed violently, especially on women, and causes lasting social distress in Kinshasa and along the Angolan border, with poor mitigation from the authorities and actors who could support socioeconomic rehabilitation.
Repatriations – There are 550,000 Congolese refugees in neighboring countries. Since 2013, UNHCR repatriated successfully 100,000 persons (from Republic of Congo into Equateur province, especially).

Food insecurity remains concerning according to the 13th IPC assessment. Seven territories with one million inhabitants in total are in the emergency red phase, mostly due to conflicts (Nyunzu and Manono in Tanganyika and Haut-Katanga provinces, Sud Irumu in Ituri province, Beni and Walikale in North Kivu and Shabunda in South Kivu), except for Punia in Maniema province where vulnerabilities have structural causes. The crisis orange phase and the stress yellow phase are significant. In total 4.45 million persons are affected and declared food insecure.

Malnutrition is poorly tracked down due to absence of recent surveys. Half of Congolese people eat a meal a day, the other half every other day. Chronic malnutrition would affect 43% of children (stunted). Wasting in average is estimated around 8% at the national level, but there are peaks where global acute malnutrition and severe acute malnutrition are far over the 10% and 1% emergency threshold limits defining emergencies. Around 3.6 million children under 5 year old in total are targeted by the HNO as undernourished, including 2 million severely. Malnutrition results from a diversity of causes, like gender inequities, lack of access to drinkable water, sanitation and health services, often triggered as well by malaria and poor diet consisting only of cassava or maize. There can be high incidence of malnutrition in some conflict-affected areas due to conjunctural causes, but structural causes are affecting most malnutrition-prone provinces, mainly in Central and Western DRC where humanitarian actors are not present. The HRP targets 700,000 undernourished children and women, while persons in need are 4.3 million.

Epidemics – There would be potentially 4.2 million persons at risk for epidemics. There were 36,000 cases of cholera reported in 2015, with 470 deaths. It follows the Congo river pathway, starting from the shores of the Tanganyika lake, contaminating communities potentially down to Kinshasa within 130 days if not contained. The same epidemic is going on since 2010. The Tanganyika and Maniema provinces are the most affected. Cholera is found as well in South Kivu and Tshopo provinces. Despite mass and costly vaccination campaigns, measles outbreaks reoccur severely in Tanganyika, Haut-Katanga, Haut-Lomami and Lualaba provinces. The dysfunctional health system is the cause of it. The cold chain is not maintained down to the beneficiary, given the challenging logistics and governance of immunization programmes. Malaria remains the most deadly epidemics. Viral hemorrhagic fevers and a number of neglected diseases are more challenges to the under-performing health system.

Political tensions – DRC will be caught almost certainly into a constitutional crisis by December 2016, as everything is done by the Government, the presidential political majority and the electoral commission (supposedly independent) to avoid or delay due local, legislative and presidential elections that would lead to a possible democratic shift of power and the potential loss of the control over resources and financial flows. One should especially expect heavy-handed state repression on opponents, demonstrators, human rights activists and journalists in urban settings (Kinshasa, Lubumbashi, Goma, Mbandaka) who would oppose that the President stays in office beyond the end of his legal mandate on 20 December 2016 in accordance with the present Constitution. UNOHCHR reported 296 extra-judicial executions in 2015 and increased violations of political rights. At the local level, the new administrative division of DRC is seen as an opportunity for concurring leaders and communities to hold or access to political leadership, generating inter-ethnic tensions and violence. From a 7% annual economic growth rate last year, DRC is now in recession, due global market trends. Paying civil servants and security forces is already a challenge. This is an aggravating factor to corruption and armed violence risks.

1.3 Strategic objectives identified in the Humanitarian Response Plan 2016
DRC’s HRP 2016 is planned over twelve months, considered as a transitional plan. The intention is to have a two-year plan in 2017-2018, synchronized with DRC’s new national development strategy 2017-2022 and the UN development assistance framework (UNDAF).
HRP’s strategic objectives were defined during a quite inclusive and participative process, based on assessments and monitoring of humanitarian needs updated as of August 2015. Triggered by shocks and the analysis of vulnerability thresholds, the humanitarian partners in DRC will contribute to:
1. The immediate improvement of living conditions of people affected by the crisis, and of the most vulnerable in priority; i) Addressing basic needs; ii) Access to essential services; iii) Maintaining livelihoods;
2. The protection of people affected by the humanitarian crisis, ensuring respect for their human rights; i) Reducing risk of violations of the human rights of those affected through preventive measures; ii) Covering the needs of victims of human rights violations through corrective actions; iii) Promotion of social and protective legal environment;
3. The reduction of excess mortality and morbidity of people affected by the crisis; i) Reducing nutritional emergency through the support of the most vulnerable to its effects; ii) Reducing the impact of epidemics through the treatment of those at risk and affected; iii) Reducing extreme food deficits.
4. The improved timeliness, efficiency and adequacy of the response to the identified humanitarian needs; i) A strategic humanitarian action, coordinated and based on analysis of reliable and timely data; ii) Immediate responsiveness to emergencies, based on preparation and anticipation; iii) A humanitarian response complying with the principles and humanitarian standards.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1 National and local capacities and constraints

There is a tendency to deny the reality of humanitarian crises in DRC among duty-bearers as those result from their inability to govern and to deliver necessary security, access to basic services and energy. Humanitarian crises are still telling the wrong narrative about DRC according to its leadership who promotes instead the image of a new and dynamic economy and of a visionary leadership that should keep the power beyond constitutional terms. The consequence is a sharp disconnection of strategic decision-making for humanitarian action with the central authorities. Humanitarian actors operate in a substitution mode, alleviating the social costs of bad governance. The national framework for consultation on humanitarian action (CNCH) never held its meeting calendar since 2013. At the sectoral level (health, education, agriculture...) and at the level of provincial governors, technical cooperation goes better. However, authorities are keen to showcase better results at the up-coming WHS in Istanbul and recently revived dead concertation forums.

NGOs are many and experienced, but insufficiently consulted and included in decision-making by the international actors, not letting them having access to financial resources directly from donors. The DRC Red Cross, Caritas and the Protestant churches are the only Congolese humanitarian actors with a deep-field community-based reach out and a nation-wide coverage which potential is insufficiently stimulated and used. Governance is challenging them in fulfilling their disaster management mandate at the community-level and accessing available funding.

2.2 International operational capacities and constraints

Budgeting humanitarian assistance in DRC is deliberately avoiding the inflation of financial requirements, as seen in other crisis settings. The HRP 2016 plans 115 USD per beneficiary in average, also 37% below the global average of received assistance for 2014 which was 182 USD/beneficiary. It is resulting from an effort of hard prioritization and the limitation imposed by very expensive operational costs in DRC. The intention to keep budgets beneath realistic level in term of resource mobilization opportunities results to a patchy coverage: ignored needs, low response standards. If the Core Humanitarian Standards (CHS) were applied based on needs evidence, the HRP would have a much higher budget. Maintaining and improving the quality of assistance and its coverage are key strategic issues. HRP objective 4 is dedicated to this, including upgrading accountability to affected populations.

Security is the major constraint. Kidnapping in North Kivu is a concerning trend, as by October, 299 persons had been abducted in 2015, including 217 who paid a ransom. In 10% of cases, abduction ends tragically. Most of the country is out of reach by air, as MONUSCO and humanitarian air services are covering only few destinations. Most commercial companies are unreliable and not safe. Access by road is also challenging and deprives large groups of population of economic opportunities and access to services and commodities. Logistics make the cost of humanitarian operations, combined with costs for security and what authorities retain through administrative harassment, very high.

The still high number of actors (reportedly there are 260 operational humanitarian actors in DRC) diverts into unnecessary administrative and overhead costs what could be delivered to more beneficiaries through fewer actors and more coherent joint operations. The competition for resources is high among actors. The ambition of some INGOs to stay in the country may blur evidence-based programming. It prevents NNGOs from growing up into valued humanitarian actors.

Humanitarian actors are almost too consensual with one another. More assertive INGOs and NNGOs are missing as there is a need for a sharper advocacy on behalf of the most vulnerable people towards first the Government, then donors and a UN-centred coordination set-up. INGOs and NNGOs are after UN agencies’ funding, therefore not prone to critics, and they are tending to repeat what they have routinely implemented in term of assistance in the past years, without evaluating the performance and learning from it, nor innovating. The Sida-/ECHO-/ DiD-supported INGO forum hosted by Oxfam has been challenged to scale up advocacy.

The cluster system in place brings coherence at the sectoral level, when facilitation is up to standards (WASH, NFI/Shelter, Food security, Nutrition). Some clusters are constantly under-performing (Health, Protection) due to systemic ambiguities (What WHO wants to/can deliver? Is UNHCR in charge for IDPs beyond the Government neglect?). There are cases where the cluster system generates a fragmented humanitarian response.

A gender analysis for each type of crisis shows different exposure profiles for women and men, girls and boys. While women and girls are obviously exposed to sexual violence and extortions, men and boys are subject to extra-judiciary executions, torture, force labor and forced recruitment in armed groups. This requires adequate prevention and response strategies. Gender blindness in programming, which is not unusual (but not among Sida’s partners), contributes to increased exposure to gender-based violence, by cementing stereotypes on masculinities and keeping women and girls in a low status, by not taking into accounting the necessary “Do-No-Harm” measures that would prevent that women and girls are made more vulnerable during or because of the delivery of humanitarian

Sida-Kinshasa / Embassy of Sweden in DRC
francois.landiech@gov.se
assistance. Sociocultural norms exclude, abuse and overexploit women and girls. Hence, gender will remain the highest dialogue item on Sida’s agenda in 2016. Difficulties of access due to challenging logistics (road, air, river, sea) and insecurity result to insufficient coverage of populations in needs of assistance and protection, disconnected implementation of programmes and poor monitoring. An exaggerated focus of donors and partners on North and South Kivus is creating an ineffective concentration of resources and capacities there and severe gaps or poor response elsewhere (Tanganyika, Haut-Katanga, South and North Ubangis, Haut- and Bas-Uélé, Tshopo, Maniema, Ituri). This contributes as well to incoherence in programming and gaps between relief, stabilization and development.

2.3 International and Regional assistance
The HRP 2015 was about 55 % funded, which is a good performance in comparison to the global trend for humanitarian financing (40%-50%). Sweden remains among the top five donors providing 5% of all contributions, behind OFDA, ECHO and DfID, followed by Japan, Canada and Germany. Seven donors in DRC provide 70% of bilateral funding to humanitarian action. By co-chairing the Good Humanitarian Donorship (GHD) for the third and last year together with DfID, Sweden has tried to reach out new donors (Korea, South Africa) and to maintain a stable donor base to the Country-Based Pooled Fund (DRC Humanitarian Fund). Sweden remains the second donor to the Humanitarian Fund after DfID, with respectively 16.7% and 50% of resources into the Fund, beside 4 other donors. The Humanitarian Fund is financing around 5% of humanitarian action in DRC, a significant decrease since its creation in 2006 (17% in average, with up to 11 donors). Sweden even contributed with some of its development cooperation resources for DRC into the Humanitarian Fund for 2015-2016 (49 MSEK) to support the integration of community resilience into Humanitarian Fund’s standard allocations. Large humanitarian donors are all focusing on acute emergency response and neglecting core and structuring humanitarian response that could have sustainable results, and moderate needs. They are disconnected to transitional needs, as much as development actors are. It results to the cycle of disasters continuing unbroken into the protracted crisis that we know and to a concerning dependency on external assistance.

3. SIDA’s HUMANITARIAN RESPONSE PLAN

3.1. Sida’s role
DRC is one of the few countries where Sida has a full-time humanitarian programme officer in place, integrated to the development cooperation team and to the embassy. Contacts with colleagues at Sida’s Humanitarian Unit are daily for managing together a portfolio of 11 partners funded in 2015 in DRC with 191.5 MSEK out of the global humanitarian partnership portfolio and appropriation. Given that Sida provided 24.5 MSEK in 2015 (same for 2016) from its development cooperation appropriation for DRC in order to support resilience building in Humanitarian Fund-funded projects, this brings the total volume of disbursed resources from Sida to humanitarian action in DRC for 2015 to 216 MSEK.

In theory, as needs have increased by 13% and 2016 financial requirements are planned at the same level, Sida’s target contribution volume for next year should be equivalent, but this is unrealistic, given other needs elsewhere and no potential extension of the humanitarian appropriation in 2016, but the opposite, an expected contraction. Sweden has played a key role in the humanitarian coordination set up by co-chairing the GHD group in Kinshasa in 2013-2015 which meets at least twice a month for coordinating contributions among 10 to 12 interested donors. The GHD has defined its priority dialogue agenda which led OCHA to include the objective 4 in the HRP 2016 aiming at enhancing the quality of humanitarian action. Mainstreaming protection, including gender sensitivity, into humanitarian action is one of the main GHD agenda item, promoting accountability towards beneficiaries and other stakeholders is another one, having the transition gap filled (by development actors) is the last one. France has taken over Sweden’s role in the GHD in January 2016. DfID will do a second year, probably replaced by the Humanitarian Fund’s joint unit.

Sweden is an observer to the Humanitarian Country Team where donors have 3 chairs (OFDA, ECHO, DfID) for strategic decision-making in monthly meetings. Sweden attends as well the bi-monthly intercluster coordination forum where programming humanitarian action is designed. Sweden does not miss the weekly advocacy/information meeting (HAG) on security and humanitarian trends with the larger humanitarian community represented in Kinshasa. Sweden has a permanent seat at DRC Humanitarian Fund’s board. Sweden participates to all joint field visits organized by OCHA, the HC and key partners (6 in the last 18 months). One field visit a month by the programme officer is the ambition for assessing the performance of one or several Sida-partners in a given place, not necessarily the easiest to access to.

Sweden is reportedly a donor that counts for partners due to its flexibility and apolitical agenda and that is listened to. A particular advocacy was made in 2015 by Sweden for gender mainstreaming leading to HNO having data disaggregated by sex and age and for linking relief, stabilization and development leading DRC Humanitarian Fund and I4S trust fund synchronizing their call for proposals. Sweden has volunteered in coaching a new working group on durable solutions for IDPs in 2016.

3.2. Response Priorities 2016

Keeping the Humanitarian Fund afloat for continuing supporting prioritized strategic and emergency humanitarian interventions, through a broad platform of around 130 partners eligible to Humanitarian Fund funding, including national ones, should inspire Sida’s contribution to the Humanitarian Fund in 2016, as well its dialogue and advocacy focus. The Humanitarian Fund has the ambition to attract 70 million USD next year. It reached 40 MUSD in 2015, with the same target. The 3 GHD dialogue items should be pushed further, while Sweden should continue being one of the most vocal donors in DRC: i) protection mainstreaming (incl. gender), ii) accountability framework, iii) transition gap filling through enhanced coordination and synergies between humanitarian, stabilization and development actors and processes.

Protection and respect of international humanitarian law should be the top priority in DRC. If UNHCR succeeds in making the Parliament endorsing the new IDP law proposed by the Government in the spirit of the Convention of Kampala, then operationalizing it through a broad collective strategy to be defined and supported will become a key priority. It is likely to address many of shocking IDP situations in the country and to find durable solutions to displacements.

3.3. Humanitarian partners

**OCHA** – OCHA’s role is absolutely strategic, likely to reinforce operational and cost effectiveness and to contribute filling gaps with other actors, especially with Government and the development actors. Humanitarian diplomacy is required at all levels (central and field). Given multiple threats and hot spots that are simultaneous, a strong and fully resourced OCHA is essential. Sweden contributes as well to OCHA in DRC with a JPO (protection profile). Sida’s support to OCHA should be kept to the same level in 2016.

**UNDP/OCHA-Humanitarian Fund** – The Humanitarian Fund is expected to continue funding acute response and emergency response, as it did in 2015 for 6 different situations. If funding is sufficient, it will as well launch a call for proposals for longer-term multisectoral assistance integrating community resilience components. The Humanitarian Fund supports Unicef’s Rapid Response Mechanism for Movements of populations (RRMP) and WFP’s humanitarian air services (UNHAS) that are both deemed strategic, therefore Sida will not support financially Unicef in DRC in 2016, given the contraction of Sida’s humanitarian preliminary land allocation from 165 MUSD (expended to 191 MUSD) in 2015 to 140 MUSD in 2016. Sida has already decided a 24.5 MUSD support to DRC’s Humanitarian Fund in 2016 from its development appropriation for community resilience that is disbursed early in 2016. The Humanitarian Fund already received 50 MUSD from the Sida’s humanitarian unit in 2016.

**UNHCR** – The refugee agency has a central role to ensure that protection is mainstreamed across humanitarian action. The caseloads of refugees, returnees, IDPs and host communities are large and diverse; UNHCR requires hence to be adequately funded. It will be challenged to improve coordination, including of its protection cluster, to upgrade data collection and management and to facilitate the operationalization of the new IDP law. Given a late replenishment of 10 MUSD, bringing our contribution to 22.5 MUSD in 2015, 15 MUSD for 2016 are proposed.

**WFP-UNHAS** – The humanitarian air services are and vital for humanitarian access, serving 37 destinations in DRC that would be unreachable for humanitarian actors; 30,000 users fled UNHAS in 2015. In March 2016, Sida considered to fill a financial gap of UNHAS with an extra 5 MUSD added to the initial humanitarian country allocation.

**ACF** – The nutrition project in Kalomba, in Kasaï Occidental, has documented the under-laying causes of malnutrition in a forgotten area of DRC where no actors are present. It should be continued in its next phase with Sida’s support (9 MUSD). The project was monitored in January 2016. ACF will seek Sida’s development funding for 2017-2019 in this area to prevent malnutrition.

**Save the Children** – Its child protection project in South Irumu, Ituri province, is worth being continued given children’s vulnerabilities in IDP situations and their need for protection and access to child friendly spaces in protracted situations. The project was monitored in May 2015 and is reportedly improving. SCI was supported as well for providing education to Burundian refugee children in Congolese schools in South Kivu (2 RRM).

**Oxfam GB** – Sida has been supporting a community-based protection project in Uvira territory (South Kivu) and Beni (North Kivu) benefitting to 20 communities which has really prevented many violations the last 3 years, with strong anti-SGBV elements, and improved their living conditions in violent environments. It is suggested that this model of intervention is scaled up and replicated elsewhere and by others. The project was monitored in September 2015 by both the embassy and Sida/HUM. Oxfam GB is hosting the platform for coordinating INGOs in DRC (60 members). It should be continued as it contributes to more effective and coherent engagement of INGOs in DRC, through advocacy, administrative/legal guidance and coordination services.
NRC – It is Sida’s largest actor dedicated to the protection and multisectoral assistance to IDPs in South Kivu. NRC used Sida’s RRM facility for addressing education needs of the Burundian refugees.

MSF – The sections of Belgium, France, Spain and Switzerland are Sida-partners for classical primary and secondary health care humanitarian interventions in Kalehe (South Kivu), Geti (Ituri), Bikenge (Maniema). MSF-Belgium maintains as well a key epidemiological surveillance set up (PUC) able to track the ongoing epidemics in a large part of DRC. MSF used three times Sida’s RRM in 2015 (for CAR refugee influx and for measles outbreaks). MSF is the largest bilateral humanitarian partner of Sida in 2015 (29 MSEK).

ICRC – 1.2 million civilians affected by armed conflicts are protected and are receiving multisectoral assistance from the ICRC in DRC, which is one of its largest operations in the world.

Swedish Red Cross – will support the DRC RC increasing its disaster preparedness and management capacities for addressing frequent small scale natural or man-made events that have uncovered impacts, together with the Canadian, the Norwegian and the Belgian RC societies.

**SIDA’s HUMANITARIAN ASSISTANCE TO DRC in 2016**

<table>
<thead>
<tr>
<th>Recommended partners for Sida support</th>
<th>Sector/focus of work (incl. integrated or multisectorial programming)</th>
<th>Proposed amount (MSEK)</th>
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<td>UNDP/OCHA-Humanitarian Fund</td>
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**Sources**

OCHA – DRC Strategic Response Plan 2016, Humanitarian Needs Overview-DRC; ECHO Humanitarian Implementation Plan DRC 2016; UNHCR factsheet; WFP’s and FAO’s 13th IPC